PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u>

(571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENCE	E ADDRESS (Note: Use Block 1 for	any change of address)	Note: A certificate of	of mailing can only be used for	or domestic mailings of the
		611	Fee(s) Transmittal. T papers. Each addition have its own certification	of mailing can only be used for his certificate cannot be used a nal paper, such as an assignment ate of mailing or transmission.	for any other accompanying ent or formal drawing, must
32509 759		/	have its own certifica	ate of mailing or transmission.	
CARRIE A. BOO	NE, P.C.	21.01.9	R 1005 Whereby certify that States Postal Service	ertificate of Mailing or Trans	mission
2450 LOUISIANA		1 404 2	I hereby certify that	this Fee(s) Transmittal is being with sufficient postage for fir ail Stop ISSUE FEE address PTO (571) 273-2885, on the d	g deposited with the United st class mail in an envelope
SUITE 400-310		· \\	addressed to the Mi	ail Stop ISSUE FEE address	above, or being facsimile
HOUSTON, TX 770	006	(A)	transmitted to the US		
)/2005 GWDRDOF2 000000	02 10764976	SATEMIATE	Carrie Bo	oo n e	(Depositor's name)
			16°26.	1)	(Signature)
0:1501 0:1504	1400.00 OP 300.00 OP		November	28, 2005	(Date)
APPLICATION NO.	FILING DATE	FIRST N	AMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764,976	01/26/2004	Mich	nael Z. Eckblad	INT-20	9313
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
					
nonprovisional	NO	\$1400	\$300	\$1700	01/18/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS	ِ ل	
NGUYEN, DO	ONGHAI D	3729	029-832000		
1. Change of correspondence CFR 1.363).	address or indication of "Fe	e Address" (37 2. For	r printing on the patent front page,	list .Carrie	A. Boone,
	ence address (or Change of I	Correspondence (1) th	ne names of up to 3 registered pate ents OR, alternatively,	ent attorneys	
Address form PTO/SB/127	ence address (or Change of 0 2) attached.	correspondence or ago	end OK, alternatively, he name of a single firm (having as	a member a 2	•
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
3 ASSIGNEE NAME AND I	RESIDENCE DATA TO B	E PRINTED ON THE PAT	TENT (print or type)		
5. 110010110D 111110 11110 1	an assignee is identified be	low, no assignee data will	l appear on the patent. If an assig itute for filing an assignment.	nee is identified below, the de	ocument has been filed for
	37 CFR 3.11. Completion of	it this form is NO i a subst			
			PENCE: (CITY and STATE OR CO	OUNTRY)	
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED		(B) RESID		ŕ	
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COL	E RPORATION	(B) RESID Sa	DENCE: (CITY and STATE OR CO	fornia	oun entity
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COLUMN	E RPORATION assignee category or category	(B) RESID Sa ies (will not be printed on	DENCE: (CITY and STATE OR CO	fornia	nup entity 🔲 Government
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COLUMN	E RPORATION assignee category or category	(B) RESID Sa ries (will not be printed on 4b. Paymer	DENCE: (CITY and STATE OR CO nta Clara, Cali the patent): Individual Co nt of Fee(s):	fornia Corporation or other private gro	up entity Government
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COMPLETED COMPLICATION COMPLETED COM	E RPORATION assignee category or categor nclosed:	(B) RESID Sa ies (will not be printed on 4b. Paymer □ A ct	DENCE: (CITY and STATE OR CO nta Clara, Cali the patent): Individual Co nt of Fee(s): neck in the amount of the fee(s) is e	fornia Corporation or other private gro	oup entity Government
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COMPLETED COMPLICATION COMPLETED COM	E RPORATION assignee category or categor nclosed: nall entity discount permitte	(B) RESID Satises (will not be printed on 4b. Paymer A ct A ct A) The	nta Clara, Cali the patent): Individual Cont of Fee(s): seck in the amount of the fee(s) is ement by credit card. Form PTO-203 Director is hereby authorized by	Corporation or other private groundlessed. 8 is attached. charge the required fee(s), or	credit any overpayment, to
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COMPLEASE Check the appropriate at 4a. The following fee(s) are ended at 15 in 15	E RPORATION assignee category or categor nclosed: nall entity discount permitte Copies	(B) RESID Sa ies (will not be printed on 4b. Paymer A ct A ct Ye Payr The Deposit	DENCE: (CITY and STATE OR CO nta Clara, Cali the patent): Individual Co nt of Fee(s): neck in the amount of the fee(s) is e ment by credit card. Form PTO-203	fornia Corporation or other private groundlessed. 8 is attached.	credit any overpayment, to
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COMPLEASE Check the appropriate at 4a. The following fee(s) are en Sizue Fee Publication Fee (No small Advance Order - # of Complete Comple	E RPORATION assignee category or categor nclosed: nall entity discount permitte Copies	(B) RESID Sa ies (will not be printed on 4b. Paymer A ch A ch A paymer The Deposit	nta Clara, Cali the patent): Individual Cont of Fee(s): seck in the amount of the fee(s) is ement by credit card. Form PTO-203 Director is hereby authorized by	Corporation or other private grounclosed. 18 is attached. 18 charge the required fee(s), or (enclose an extra co	credit any overpayment, to py of this form).
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COLOR. Please check the appropriate a 4a. The following fee(s) are en Section Interpretation Section	RPORATION assignee category or categor nclosed: nall entity discount permitte Copies from status indicated above IALL ENTITY status. See 3 requested to apply the Issue oblication Fee (if required) we	(B) RESID Sa ies (will not be printed on 4b. Paymer A ch A ch The Deposit 7 CFR 1.27. b. A; Fee eand Publication Fee (ill not be accepted from an	the patent): Individual Cont of Fee(s): meck in the amount of the fee(s) is ement by credit card. Form PTO-203 Director is hereby authorized by Account Number	Corporation or other private groundlessed. 8 is attached. charge the required fee(s), or (enclose an extra contact the contact that the cont	credit any overpayment, to ppy of this form). R 1.27(g)(2). tion identified above.
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COLOR. Please check the appropriate a 4a. The following fee(s) are en Section	RPORATION assignee category or categor nclosed: nall entity discount permitte Copies from status indicated above IALL ENTITY status. See 3 requested to apply the Issue oblication Fee (if required) we	(B) RESID Sa ies (will not be printed on 4b. Paymer A ch A ch The Deposit 7 CFR 1.27. b. A; Fee eand Publication Fee (ill not be accepted from an	the patent): Individual Cont of Fee(s): neck in the amount of the fee(s) is ement by credit card. Form PTO-203 Director is hereby authorized by Account Number pplicant is no longer claiming SMA (if any) or to re-apply any previous tyone other than the applicant; a reg	Corporation or other private groundlessed. 8 is attached. charge the required fee(s), or (enclose an extra content of the con	credit any overpayment, to ppy of this form). FR 1.27(g)(2). tion identified above. e assignee or other party in
PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED INTEL COMPLEASE Check the appropriate at 4a. The following fee(s) are en including size. So Publication Fee (No small Advance Order - # of Complete So Change in Entity Status (for a Applicant claims SM). The Director of the USPTO is	RPORATION assignee category or categor nclosed: nall entity discount permitte Copies from status indicated above IALL ENTITY status. See 3 requested to apply the Issu dis of the United States Pate	(B) RESID Sa ies (will not be printed on 4b. Paymer A ct A ct Payr The Deposit 7 CFR 1.27. b. A e Fee and Publication Fee (ill not be accepted from an and Trademark Office.	the patent): Individual Calint of Fee(s): neck in the amount of the fee(s) is ement by credit card. Form PTO-203 Director is hereby authorized by Account Number pplicant is no longer claiming SMA (if any) or to re-apply any previous tyone other than the applicant; a regular patents.	Corporation or other private groundlessed. 8 is attached. charge the required fee(s), or (enclose an extra contact the contact that the cont	credit any overpayment, to ppy of this form). FR 1.27(g)(2). tion identified above. e assignee or other party in

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ORE IAPIT POLICE OF THE PROPERTY OF THE PROPER

CERTIFICATE OF MAILING (37 CFR 1.8a)

Shereby certify that this correspondence is being deposited with the United States Postal Service as Express Pail, Post Office to Addressee, Express Mail Number EV 329641437 US, on the date indicated below and is addressed to the Commissioner For Patents, P.O. Box 1450, Alexandria, 14, 22113-1450.

November 28, 2005

Date

Carrie Boone

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION:

8

999999

DOCKET #: INT-20

INVENTORS:

Michael Z. Eckblad and Mark W. Anderson SERIAL NO: 10/764,976

FILED:

January 26, 2004

GROUP ART UNIT:

3729

TITLE:

MOUNTING SYSTEM FOR HIGH-MASS HEATSINKS

EXAMINER:

Donghai D. Nguyen

TRANSMITTAL LETTER

§ §

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are:

- A Completed Issue Fee Transmittal Letter (2 copies);
- 2. A Credit Card Authorization form, authorizing the charge of \$1700.00 to cover the issue and publication fees; and
- 3. A return postcard.

Please associate this file with our customer number **32509**.

Respectfully Submitted,

November 28, 2005

Date

Carrie A. Boone

Reg. No. 48,282

CARRIE A. BOONE, P.C.

2450 Louisiana, # 400-310 Houston, Texas 77006

713-521-2176 Main

713-521-2177 Fax

FEES TRANSMITTAL LETTER U.S. Serial Number 10/764,976